

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Robert J. Cain HFS-IT 10/14/07

PRINTED: 09/25/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295077	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/05/2007
NAME OF PROVIDER OR SUPPLIER REGENT CARE CENTER OF RENO			STREET ADDRESS, CITY, STATE, ZIP CODE 555 HAMMILL LANE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Life Safety Code (LSC) survey conducted at your facility on 9/4/07 and 9/5/07. Your facility was surveyed using Chapter 19, EXISTING Health Care Occupancies, of the 2000 Edition of the National Fire Protection Association's (NFPA) 101, Life Safety Code. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	K 000			
K 144 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on record review on 9/4/07 at 2:00PM, it was determined the facility failed to document the annual 90 minute generator test under load. Findings include:	K 144	K144 What corrective action will be accomplished for those Residents found to have been affected by the deficient practice: No specific Residents were identified. How will you identify other Residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All Residents have the potential to be affected. 90 minute generator tests will		

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CARSON CITY, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

T. J. Cain

Administrator

10-4-07

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 144	Continued From page 1 Record review revealed the last documented 90 minute generator load test was on 7/18/06. Records did not indicate that a 90 minute load test had been performed and documented for 2007.	K 144	<p>be performed annually under a full load and appropriately logged for documentation. Administrator and Engineer will review quarterly to ensure compliance with ongoing monitoring.</p> <p>What measures will be put into place or systemic changes will you make to ensure the deficient practice does not recur:</p> <p>As above.</p> <p>How will the facility monitor its corrective action to ensure that the deficient practice does not recur.</p> <p>Engineer and Administrator will review Logs quarterly to ensure compliance with ongoing monitoring. Review qtrly to QA Committee x's 6 months. Annually thereafter.</p> <p>Individual responsible: Engineer/Administrator</p> <p>Completion date: October 30-2007</p>		<i>10/30/07</i>

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